

<input type="checkbox"/> SUMMONS FOR DEFENDANT	DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
<input checked="" type="checkbox"/> SUMMONS FOR WITNESS			
SESSION: [SEVERITY CODE]		NAME AND ADDRESS OF COURT DIVISION	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT		Taunton Trial Court 40 Broadway Taunton, MA 02780	
Commonwealth vs. [REDACTED]		DATE AND TIME OF APPEARANCE	
		Jury Trial April 5, 2012 at 08:30 AM	
		DATE	TIME
NAME, ADDRESS AND ZIP CODE OF WITNESS		OFFENSE(S)	
KATE CORBETT ,CHEMIST C/O STATE LAB INSTITUTE 305 SOUTH ST JAMAICA PLAIN, MA 02130		CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG VIOLATION NEAR SCHOOL/PARK c94C §32J, DRUG, POSSESS TO DISTRIB CLASS A c94C §32(a), FIREARM USE IN FELONY, FIREARM WITHOUT FID CARD, POSSESS c269 §10(h) (2 counts) and HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c)	

**TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:**  
 You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.  
 NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

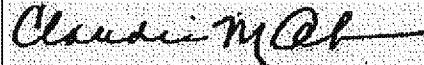
To the above named  Defendant  Witness:

You are hereby ordered to appear in this Court on the appearance date noted above.

To answer to a criminal complaint charging you with the offense(s) listed above.

To give evidence and testify on behalf of the  Commonwealth  Defendant in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:

[REDACTED]  
**Please check in at the victim/witness desk located on the 3<sup>rd</sup> floor**

<b>WITNESS:</b>	FIRST JUSTICE	DATE OF ISSUE	CLERK-MAGISTRATE
	Hon. Kevin J. Cunningham	February 9, 2012	

#### RETURN OF SERVICE

I hereby certify that I served the within summons upon the above named  Defendant  Witness by

- Delivering a copy of it personally to the defendant or witness.
- Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.
- Mailing a copy of it to the last known address of the defendant or witness.
- I received the summons on \_\_\_\_\_ but I was unable to make service because: \_\_\_\_\_

DATE RECEIVED

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE
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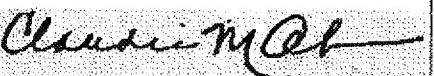
<input type="checkbox"/> SUMMONS FOR DEFENDANT	DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: [SEVERITY CODE]  NAME, ADDRESS AND ZIP CODE OF DEFENDANT		NAME AND ADDRESS OF COURT DIVISION  Taunton Trial Court 40 Broadway Taunton, MA 02780	
Commonwealth vs. [REDACTED]		DATE AND TIME OF APPEARANCE Jury Trial <b>April 5, 2012 at 08:30 AM</b>	
		DATE	TIME
NAME, ADDRESS AND ZIP CODE OF WITNESS  KATE CORBETT, CHEMIST C/O STATE LAB INSTITUTE 305 SOUTH ST JAMAICA PLAIN, MA 02130		OFFENSE(S)  CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG VIOLATION NEAR SCHOOL/PARK c94C §32J, DRUG, POSSESS TO DISTRIB CLASS A c94C §32(a), FIREARM USE IN FELONY, FIREARM WITHOUT FID CARD, POSSESS c269 §10(h) (2 counts) and HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c)	

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**Please check in at the victim/witness desk located on the 3<sup>rd</sup> floor**

<b>WITNESS:</b>	FIRST JUSTICE Hon. Kevan J. Cunningham	DATE OF ISSUE February 9, 2012	CLERK-MAGISTRATE 
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#### **WARNING TO DEFENDANT OR WITNESS**

Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court.

#### **ATENCION:**

Esta es una notificación oficial de la corte.  
Si usted no sabe leer inglés, obtenga traducción !

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE
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